BEST AVAILABLE COPY

DATENE ADDI 10 AMON TO THE CONTROL OF THE CONTROL O								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/755520					
CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER	R THAN
ſŢ	OTAL CLAIMS		(Colum		(Col	(Column 2)			TYPE		OR		
			36					RATE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		•	16		X\$ 9:	=		OR	X\$18=	288
╙	DEPENDENT (/ <i>V</i> minus 3 =		7			X40=	.		OR	X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT									十		100		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135			OR	+270=	Ð
·								TOTA	L		OR	TOTAL	1228
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)											OTHER	
V		CLAIMS HIGHEST						SMAL	_	ADDI-	OR 1	SMALL	
AMENDMENT,		REMAINING AFTER AMENDMENT	*	PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	. 56	Minus	- 3	To.			X\$ 9=		1	OR	X\$18=	/
A		ENTATION OF M	Minus	2511251	D.	-		X40=	T	$\overline{}$	OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.405	†	-/-			
							l	+135=		4_	OR	+270=	
		10 .1 .1						ADDIT. FE			OR,	YOTAL ADDIT, FEE	
<u></u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											<u></u>	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	Т	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	-36	Minus		Ly_	2		X\$ 9=	T	/	OR	X\$18=	/
AM	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEI	PENDENT	(A)	-		X40=			OR	X80=	/
			**				' ·	+135=	Г		OR	+270=	
											OR .	TOTAL LODIT, FEE	
_	0.50	(Column 1)		(Colum	ın 2)	(Column 3)	•••	DDIT. FEI				DON. FEEL	
AMENDMENT C	1-26.4	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY QR	PRESENT EXTRA	ſ	RATE	TI	NDDI- ONAL FEE		RATE	ADDI- TIONAL FEE/
END	Total Independent	. 36	Minus	• 5	ح .	. 0		X\$ 9=	1	7	OR	X\$18=	7
A		NTATION OF AU	Minus	*** /	9	. <i>U</i>		X40=	T	/	<u>,</u>	X80=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40= / OR													
If the entry in column 1 is less than the entry in column 2, write "o" in column 3.												!	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
T	he Tüghest Num	ber Previously Paid	For (Total or	Independer	ti) is the	highest number	loun	d in the a	pprof	riate box	in colu	mn 1,	